

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>		Work Assignment Number 2-09								
Contract Number EP-D-14-031		Contract Period 10/01/2014 To 09/30/2017 Base Option Period Number 2								
Contractor INDUSTRIAL ECONOMICS, INCORPORATED		Title of Work Assignment/SF Site Name SUPPORTING BENMAP-CE USER COMM								
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval		Period of Performance From 10/01/2016 To 09/30/2017								
Comments: THE PURPOSE OF THIS ACTION IS TO APPROVE THE WORK PLAN AND BUDGET DATED FEBRUARY 22, 2017 FOR A NOT TO EXCEED AMOUNT OF \$201,563.05 AND 1499 LOE HOURS. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED. THIS WORK DOES NOT DUPLICATE ANY WORK PREVIOUSLY PERFORMED UNDER MY AUTHORITY.										
<input type="checkbox"/> Superfund		Accounting and Appropriations Data								
<input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee: \$0.00		LOE: 0						
10/01/2014 To 09/30/2017										
This Action:		\$201,563.05		1,499						
Total:		\$0.00		0						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated: 02/22/2017		Cost/Fee \$201,563.05		LOE: 1,499						
Cumulative Approved:		Cost/Fee \$0.00		LOE: 0						
Work Assignment Manager Name Amanda CurryBrown						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 919-541-3808				
						FAX Number:				
Project Officer Name Lorraine Reddick						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 202-564-1293				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name Andrew Flynn						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 919-541-2674				
						FAX Number: 919-541-0611				